

GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT: _____	
ORDER AFTER HEARING	
CASE NUMBER: _____	

1. This matter proceeded as follows: ☐ Uncontested ☐ By stipulation ☐ Contested
- a. Date: _____ Dept.: _____ Judicial officer: _____
- b. ☐ Petitioner/Plaintiff present ☐ Attorney present (name): _____
- c. ☐ Respondent/Defendant present ☐ Attorney present (name): _____
- d. ☐ Other parent present ☐ Attorney present (name): _____
- e. Local child support agency attorney (Family Code, §§ 17400, 17406) (name): _____
- f. ☐ Other (specify): _____
- g. The Obligor (the parent ordered to pay support) is ☐ Petitioner/Plaintiff ☐ Respondent/Defendant
☐ Other parent
2. ☐ Attached is a computer printout showing the parents' income and percentage of time each parent spends with the child(ren).
 The printout, which shows the calculation of child support payable, will become the court's findings.
3. ☐ This order is based on the attached documents (specify): _____

THE COURT ORDERS

4. a. All orders previously made in this action remain in full force and effect except as specifically modified below.
- b. Obligor is the parent of and must pay current child support for the following children:
- | <u>Name</u> | <u>Date of birth</u> | <u>Monthly support amount</u> |
|-------------|----------------------|-------------------------------|
|-------------|----------------------|-------------------------------|

(1) ☐ Other (specify): _____

(2) ☐ For a total of: \$ _____ payable on the: _____ day of each month
 beginning (date): _____

(3) ☐ The support order was reduced, under the low income adjustment, because the Obligor's net monthly income is less than \$1,000.

(4) Any support ordered will continue until further order of court, unless terminated by operation of law.

NOTICE: Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
---	--------------

4. c. ☐ Obligor owes support arrears as follows, as of (date):
- (1) ☐ Child support: \$ ☐ Spousal support: \$ ☐ Family support: \$
 (2) ☐ Interest is not included and is not waived.
 (3) ☐ Payable: \$ on the: day of each month
 beginning (date):
 (4) ☐ Interest will accrue on the entire principal balance owing and not on each installment as it becomes due.
- d. No provision of this order may operate to limit any right to collect the principal (total amount of unpaid support) or to charge and collect interest and penalties as allowed by law. All payments ordered are subject to modification.
- e. All payments must be made to (name and address of agency):
- f. **An Order/Notice to Withhold Income for Child Support (form FL-195) must issue.**
- g. ☐ Obligor ☐ Obligee must (1) provide and maintain health insurance coverage for the children if it is available through employment or a group plan, or otherwise available at no or reasonable cost, and must keep the local child support agency informed of the availability of the coverage; (2) if health insurance is not available, provide coverage when it becomes available; (3) within 20 days of the local child support agency request, complete and return a health insurance form; (4) provide to the local child support agency all information and forms necessary to obtain health care services for the children; (5) present any claim to secure payment or reimbursement to the other parent or caretaker who incurs costs for health care services for the children; (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health care services for the children. If the "Obligor" box is checked, a *Health Insurance Coverage Assignment* (form FL-470) must issue.
- h. Both parents must complete the *Child Support Case Registry Form* (form FL-191) and send (deliver or mail) it to the local child support agency within 10 days of the date of this order. The parents must notify the local child support agency of any change in the information submitted on the form by submitting an updated form within 10 days of the change.
- i. The form *Notice of Rights and Responsibilities and Information Sheet on Changing a Child Support Order* (form FL-192) is attached.
- j. ☐ The following person (the "Other Parent") is added as a party to this action under Family Code section 17404 (name):
- k. ☐ The court further orders (specify):

Date: _____

5 . Number of pages attached: _____

 JUDICIAL OFFICER
☐ SIGNATURE FOLLOWS LAST ATTACHMENT

Approved as conforming to court order:
 Date:

(SIGNATURE OF ATTORNEY FOR OBLIGOR)